

NRA 1100958033

CHANCERY COURT FOR SULLIVAN COUNTY AT BLOUNTVILLE	STATE OF TENNESSEE CIVIL SUMMONS page 1 of 1	Case Number 19-CV-185R1
RICKY UPCHURCH et al. Vs. National Rifle Association & Life Insurance Company of North America,		

Served On:

AGIA, Inc., Claims Dept. PO Box 9842, Phoenix, AZ 85068-9842

You are hereby summoned to defend a civil action filed against you in Chancery Court, Sullivan County, Tennessee. Your defense must be made within thirty (30) days from the date this summons is served upon you. You are directed to file your defense with the clerk of the court and send a copy to the plaintiff's attorney at the address listed below. If you fail to defend this action by the below date, judgment by default may be rendered against you for the relief sought in the complaint.

Issued:

7-1-19

Sharon P. Collier  
Clerk / Deputy Clerk

Attorney for Plaintiff: R. Wayne Culbertson and Joseph W. McMurray  
119 W. Market Street, Kingsport, TN 37660

#### NOTICE OF PERSONAL PROPERTY EXEMPTION

TO THE DEFENDANT(S): Tennessee law provides a ten thousand dollar (\$10,000) personal property exemption as well as a homestead exemption from execution or seizure to satisfy a judgment. The amount of the homestead exemption depends upon your age and the other factors which are listed in TCA § 26-2-301. If a judgment should be entered against you in this action and you wish to claim property as exempt, you must file a written list, under oath, of the items you wish to claim as exempt with the clerk of the court. The list may be filed at any time and may be changed by you thereafter as necessary; however, unless it is filed before the judgment becomes final, it will not be effective as to any execution or garnishment issued prior to the filing of the list. Certain items are automatically exempt by law and do not need to be listed; these include items of necessary wearing apparel (clothing) for your self and your family and trunks or other receptacles necessary to contain such apparel, family portraits, the family Bible, and school books. Should any of these items be seized you would have the right to recover them. If you do not understand your exemption right or how to exercise it, you may wish to seek the counsel of a lawyer. Please state file number on list.

Mail list to Katherine T. Priester, Clerk & Master

#### CERTIFICATION (IF APPLICABLE)

I, Sharon Collier, Deputy Clerk of Sullivan County do certify this to be a true and correct copy of the original summons issued in this case.

Date:

7-1-19

Sharon P. Collier  
Clerk / Deputy Clerk

**OFFICER'S RETURN:** Please execute this summons and make your return within ninety (90) days of issuance as provided by law.

I certify that I have served this summons together with the complaint as follows: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Officer, Title

**RETURN ON SERVICE OF SUMMONS BY MAIL:** I hereby certify and return that on \_\_\_\_\_, I sent postage prepaid, by registered return receipt mail or certified return receipt mail, a certified copy of the summons and a copy of the complaint in the above styled case, to the defendant \_\_\_\_\_. On \_\_\_\_\_ I received the return receipt, which had been signed by \_\_\_\_\_ on \_\_\_\_\_. The return receipt is attached to this original summons to be filed by the Court Clerk.

Date: \_\_\_\_\_

Notary Public / Deputy Clerk (Comm. Expires \_\_\_\_\_)

Signature of Plaintiff

Plaintiff's Attorney (or Person Authorized to Serve Process)  
(Attach return receipt on back)

ADA: If you need assistance or accommodations because of a disability, please call \_\_\_\_\_, ADA Coordinator, at ( ) \_\_\_\_\_.

Rev. 03/11

**IN THE CHANCERY COURT FOR SULLIVAN COUNTY**  
**AT BLOUNTVILLE, TENNESSEE**

RICKY UPCHURCH as Executor of  
The Estate of JUANITA UPCHURCH,  
For the use and benefit of the next of kin of  
CLAYTON UPCHURCH,  
Decedent,

vs.

C.A. No. 19-CV-18591

NATIONAL RIFLE ASSOCIATION and  
LIFE INSURANCE COMPANY OF NORTH AMERICA,  
Administered by:

AGIA, Inc.  
Claims Dept.  
PO Box 9842  
Phoenix, AZ 85068-9842,

FILED 7-1, 20 19@3:57 a.m. (p.m.)  
Katherine Priester, Clerk & Master  
By: Shana R. Collins

Defendant.

**COMPLAINT**

1. The decedent was a citizen and resident of Sullivan County, Tennessee, and the defendant, NATIONAL RIFLE ASSOCIATION, is a foreign corporation doing business in the State of Tennessee. The decedent was issued a policy of accidental death insurance, by the defendant corporation. Said policy was to cover the decedent and pay a sum certain to decedent's beneficiary in the event of an accident leading to the death. Decedent faithfully paid his premium pursuant to the terms and a policy of insurance was issued to the decedent; a copy of said deck sheet is attached.

2. Pursuant to the policy, the decedent was current and faithful to the payments of his premiums as of August 22, 2014.

3. In August of 2014, the decedent drove his motorcycle across the Country to enter into a poker tournament in Las Vegas, Nevada.

4. While enjoying his stay in Nevada, the decedent was involved in a traffic accident on U.S. 93.

5. According to the accident report attached as "Exhibit A" decedent's motorcycle left the road way and struck a curbed sidewalk coming to rest 21 feet north of the curb line on Canyon

Road on the East curb line of U.S. 93.

6. Witnesses at the scene state that a vehicle traveling north, in the same direction as the decedent on U.S. 93, illegally and without warning came into the lane of travel of the decedent causing him to swerve and lose control of his motorcycle, and thereby causing the accident.

7. Upon the arrival of emergency responders, decedent was immediately taken to the hospital.

8. After multiple visits to local hospitals in Nevada the decedent succumbed to his injuries and passed away on September 4, 2014 at Jamestown Regional Medical Center. Copy of the death certificate is attached here as "Exhibit B".

9. Wherein according to part two number 28 a of said death certificate, decedent's death was listed as an accident.

10. Additionally, the Clark County office of coroner/medical examiner issued a letter on October 7, 2014 to the decedent's daughter, Angela Smith, attached as "Exhibit C". This report unequivocally states that the cause of death was an accident due to motor vehicle collision.

11. The relatives of the decedent, pursuant to the terms of the policy, gave proper notice as required by said policy of insurance and complied in all particulars with the terms and condition of the policy.

12. Despite the facts as alleged above the defendant has denied payment under to pursuant to the policy as stated in "Exhibit D".

13. The plaintiff alleges that the defendant has intentionally breached the contract, has not dealt in good faith with the plaintiff, that the defendant's accepted money for premiums and has woefully refused to pay pursuant to the policy terms even though said policy has been submitted to the insurance company for many months.

14. The plaintiff further alleges that the defendant is guilty of deceptive trade practices all of which are in violation of Consumer Protection Act of the State of Tennessee. Therefore,

violation of said act entitles the plaintiff to treble damages.

WHEREFORE, PLAINTIFF REQUESTS:


1. Wherein the process issue to that the plaintiff's be awarded to amounts due under the policy insurance
2. The plaintiff's be awarded damages pursuant to TCA §56-7-105. In addition, the defendant is liable upon issuers and bonding upon bad faith, failure to pay and failure to pay promptly, as required by insurance and bonding company's.
3. Plaintiff be awarded pre judgement interest.
4. Plaintiff be awarded treble damages pursuant to Tennessee's Consumer Protection Act and attorney's fees.
5. Any and all further relief equity so requires.

RICKY UPCHURCH as Executor of the Estate of  
Juanita Upchurch for the use and benefit of the next of  
kin of Clayton Upchurch, Decedent

By:

  
R. WAYNE CULBERTSON, BPR 000765

Attorney for Plaintiff  
119 W. Market Street  
Kingsport, Tennessee 37660  
(423) 247-6161 – Telephone  
(423) 247-5072

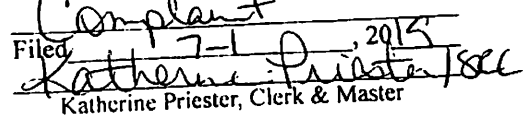
  
JOSEPH W. McMURRAY, BPR 28773  
Attorney for plaintiff  
119 W. Market Street  
Kingsport, TN 37660  
(423)247-6161  
*Enclosed  
BPR 55-01*

COST BOND

We acknowledge ourselves sureties for the payment of all costs of this cause.

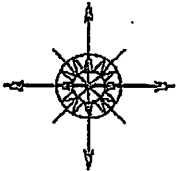
  
R. WAYNE CULBERTSON

I, Katherine Priester, Clerk & Master of  
the Chancery Court of Sullivan County  
at Kingsport, Tennessee do hereby certify  
this to be a true and perfect copy of

Complaint  
Filed 7-1, 2015  
  
Katherine Priester, Clerk & Master

Event Number:		STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET Revised 1/1/04				Accident Number: BCPD14BC1060	
Code Revision: 01/01/2011						<input type="checkbox"/> 1) Property <input checked="" type="checkbox"/> 2) Injury <input type="checkbox"/> 3) Fatal	
<input checked="" type="checkbox"/> 1) Urban <input type="checkbox"/> 2) Rural	<input type="checkbox"/> 1) Emergency Use <input type="checkbox"/> 2) Office Report	<input type="checkbox"/> 1) Preliminary Report <input checked="" type="checkbox"/> 2) Initial Report	<input type="checkbox"/> 3) Rebuttal Report <input type="checkbox"/> 4) Supplemental Report	<input type="checkbox"/> 1) Hit and Run <input type="checkbox"/> 2) Private Property	Agency Name: BOULDER CITY PD		
Collision Date: 8 / 18 / 2014	Time: 2102	Day: MON	Post / Sector: BC68	County: BOULDER CITY	Surface: <input checked="" type="checkbox"/> 1) Asphalt <input type="checkbox"/> 2) Concrete <input type="checkbox"/> 3) Gravel <input type="checkbox"/> 4) Dirt <input type="checkbox"/> 5) Other	Intersection: <input type="checkbox"/> 1) Four Way <input type="checkbox"/> 2) T-Form Way <input type="checkbox"/> 3) T <input type="checkbox"/> 4) Y <input type="checkbox"/> 5) Roundabout <input type="checkbox"/> 6) Other	Paving Materials: <input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 2) Left Side <input type="checkbox"/> 3) Right Side <input type="checkbox"/> 4) Both Sides <input type="checkbox"/> 5) Unknown
Mile Marker: 1	# Vehicles: 0	# Non Motorists: 1	# Occupants: 0	# Fatalities: 1	# Injured: 0	# Restrained: 0	
Occurred On: (Highway # or Street Name) <input type="checkbox"/> 1) Parking Lot US93 N							Access Control: <input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 2) Full <input type="checkbox"/> 3) Partial
Occurred At: (Intersection With) <input checked="" type="checkbox"/> 1) At Intersection With <input checked="" type="checkbox"/> 2) Gr 21 <input checked="" type="checkbox"/> 3) East <input type="checkbox"/> 4) West <input type="checkbox"/> 5) Approximate NORTH Of (Cross Street) CANYON RD							
<b>Roadway Character</b> <input checked="" type="checkbox"/> 1) Curve & Grade <input type="checkbox"/> 2) Curve & Hillcrest <input type="checkbox"/> 3) Curve & Level <input type="checkbox"/> 4) Straight & Grade <input type="checkbox"/> 5) Straight & Hillcrest <input type="checkbox"/> 6) Straight & Level <input type="checkbox"/> 7) Unknown <input type="checkbox"/> 8) Other		<b>Roadway Conditions</b> <input checked="" type="checkbox"/> 1) Dry <input type="checkbox"/> 2) Wet <input type="checkbox"/> 3) Ice <input type="checkbox"/> 4) Standing Water <input type="checkbox"/> 5) Moving Water <input type="checkbox"/> 6) Snow <input type="checkbox"/> 7) Unknown <input type="checkbox"/> 8) Sand / Mud / Oil / Dirt / Gravel <input type="checkbox"/> 9) Other		<b>Total Thru Lanes</b> Main Road: <input type="checkbox"/> 1) One <input checked="" type="checkbox"/> 2) Two <input type="checkbox"/> 3) Three <input type="checkbox"/> 4) Four <input type="checkbox"/> 5) Five <input type="checkbox"/> 6) More Total All Lanes: 2		<b>Average Roadway Widths</b> Travel Lane: 18 Ft Storage / Turn Lane: Ft Median: 4 Ft <b>Paved Shoulder</b> Inside: 0 Outside: 1	
<b>Roadway Grade</b> <input checked="" type="checkbox"/> 1) Not Determined <input type="checkbox"/> 2) Slightly Level <input type="checkbox"/> 3) Up Slope (%) <input type="checkbox"/> 4) Down Slope (%)		<b>Relative To</b> Grade: %					
<b>Pavement Markings and Type</b> 1) Centerline, Broken Yellow 2) Centerline, Solid Yellow 3) Centerline, Double Yellow 4) Lane Line, Broken White 5) Lane Line, Solid White 6) No Painting, Either Direction 7) Turn Arrow Symbols 8) Center Turn Lane Line 9) Edge Line, Left, Yellow 10) Edge Line, Right, White 11) Other				<b>Highway Description</b> <input type="checkbox"/> 1) Two-Way, Not Divided <input type="checkbox"/> 2) Two-Way, Divided, Unimproved Median <input checked="" type="checkbox"/> 3) Two-Way, Divided, Median Barrier <input type="checkbox"/> 4) One-Way, Not Divided <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Off Road		<b>Weather Conditions</b> <input checked="" type="checkbox"/> 1) Clear <input type="checkbox"/> 2) Cloudy <input type="checkbox"/> 3) Snow <input type="checkbox"/> 4) Rain <input type="checkbox"/> 5) Foggy / Smog / Smoke, Ash <input type="checkbox"/> 6) Sleet / Hail <input type="checkbox"/> 7) Fog, Smog, Smoke, Ash <input type="checkbox"/> 8) Slightly Overcast <input type="checkbox"/> 9) Unknown <input type="checkbox"/> 10) Other	
<b>Light Conditions</b> <input type="checkbox"/> 1) Dark <input type="checkbox"/> 2) Dawn <input type="checkbox"/> 3) Daylight <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other <input type="checkbox"/> 6) Dark - No Roadway Lighting <input checked="" type="checkbox"/> 7) Dark - Spot Roadway Lighting <input type="checkbox"/> 8) Dark - Continuous Roadway Lighting <input type="checkbox"/> 9) Dark - Unknown Roadway Lighting		<b>Vehicle Collision Type</b> <input type="checkbox"/> 1) Head On <input type="checkbox"/> 2) Rear End <input type="checkbox"/> 3) Backing <input type="checkbox"/> 4) Angle <input type="checkbox"/> 5) Rear to Rear <input type="checkbox"/> 6) Side-swing - Hoisting <input type="checkbox"/> 7) Side-swing - Overtaking <input checked="" type="checkbox"/> 8) Non-Collision <input type="checkbox"/> 9) Unknown		<b>Location of First Event</b> <input type="checkbox"/> 1) Travel Lane <input type="checkbox"/> 2) Turn Lane <input type="checkbox"/> 3) Curb <input type="checkbox"/> 4) Median <input type="checkbox"/> 5) Inside Shoulder <input checked="" type="checkbox"/> 6) Outside Shoulder <input type="checkbox"/> 7) Intersection <input type="checkbox"/> 8) Private Property <input type="checkbox"/> 9) Roadside <input type="checkbox"/> 10) Other <input type="checkbox"/> 11) Ramp <input type="checkbox"/> 12) Unknown			
<b>Highway / Environment Factors</b> <input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 2) Weather <input type="checkbox"/> 3) Objects <input type="checkbox"/> 4) Signs <input type="checkbox"/> 5) Other Highway <input type="checkbox"/> 6) Other Environmental <input type="checkbox"/> 7) Shoulders <input type="checkbox"/> 8) Road Obstruction <input type="checkbox"/> 9) Worn Traffic Surface <input type="checkbox"/> 10) Wet, Ice, Snow, Slush <input type="checkbox"/> 11) Ruts, Holes, Bumps <input type="checkbox"/> 12) Active Work Zone <input type="checkbox"/> 13) Inactive Work Zone <input type="checkbox"/> 14) Animal in Roadway <input type="checkbox"/> 15) Unknown				<b>Property Damage To Other Than Vehicle</b> Describe Property Damage: ROADWAY LIGHT POLE LOCATED APPROXIMATELY 212 FEET NORTH OF CANYON Owner's Name: CITY OF BOULDER CITY Owner's Address: (Street Address City, State Zip) 401 CALIFORNIA ST, BOULDER CITY, NV, 89005			
<b>First Harmful Event</b> Code #: 324 Description: CURB							
<b>Description of Accident / Narrative</b> V-1 (MC) WAS TRAVELING NORTHBOUND IN THE NUMBER TWO TRAVEL LANE OF US93 NEAR CANYON ROAD, BOULDER CITY, NEVADA. V-1 FAILED TO NEGOTIATE THE ROADWAY CURVE, AT WHICH TIME V-1 LEFT THE TRAVEL LANE TO THE RIGHT AND STRUCK THE RAISED CONCRETE CURB/SIDEWALK. V-1 CONTINUED NORTHBOUND LEAVING BLACK TIRE SCUFF MARKS ALONG THE NORTHBOUND CURB OF US93 FOR APPROXIMATELY							
<input checked="" type="checkbox"/> 1) Continued On Back of Scene Information Sheet							
Investigation Complete: <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	Photos Taken: <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	Scene Diagram: <input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No	Statements: <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No # 1	Date Notified: 8 / 18 / 2014	Time Notified: 2103	Arrival Date: 8 / 18 / 2014	
Investigator(s): Nutzman	ID Number: 278	Date: 8 / 18 / 2014	Reviewed By: Vince Albowicz	Date Reviewed: 8 / 25 / 2014	Page: 1 of 8		

Scene Information

Event Number:	<b>STATE OF NEVADA</b> <b>TRAFFIC ACCIDENT REPORT</b> <b>SCENE INFORMATION SHEET</b> <small>Revised 1/14/04</small>	Accident Number: BCPD14BC1088 Agency Name: BOULDER CITY PD
Description of Accident / Narrative Continuation		
<p>212 FEET, AT WHICH TIME V-1 WENT OVER THE NORTHBOUND CURB AND LANDED ON ITS RIGHT SIDE, EJECTING D-1. V-1 CONTINUED ON ITS SIDE AND COLLIDED WITH A ROADWAY LIGHT POLE, KNOCKING THE LIGHT POLE DOWN. V-1 CAME TO REST ON ITS RIGHT SIDE FACING IN A SOUTHWESTERN DIRECTION ON THE NORTHBOUND SIDEWALK OF US93. D-1 CAME TO REST IN THE NORTHBOUND TURN LANE FROM US93 TO NEVADA HIGHWAY.</p> <p>A.O.I. (#1) IS 21 FEET NORTH OF THE NORTH CURB LINE OF CANYON ROAD AT THE EAST CURB LINE OF US93.</p> <p>A.O.I. (#2) IS 212 FEET NORTH OF THE NORTH CURB LINE OF CANYON ROAD AND 5 FEET EAST OF THE EAST CURB LINE OF US93.</p> <p>V-1'S FINAL RESTING POINT IS 255 FEET NORTH OF THE NORTH CURB LINE OF CANYON ROAD AND 7 FEET EAST OF THE EAST CURB LINE OF US93.</p> <p>D-1'S FINAL RESTING POINT IS 286 FEET NORTH OF THE NORTH CURB LINE OF CANYON ROAD AND 21 FEET WEST OF THE EAST CURB LINE OF US93.</p>		
<div style="text-align: center;">  <p>Indicate North</p> </div>		
A.I.C.: _____		Page <b>2</b> of 5

Scene Information



<b>Event Number:</b>		<b>STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET</b> <small>Revised 1/14/14</small>		<b>Accident Number:</b> BCPD14BC1088																									
<b>Vehicle #</b> V1	<b>Occupants</b> 1	<input checked="" type="checkbox"/> 1st Fault <input checked="" type="checkbox"/> 2nd Non Contact Vehicle		<b>Agency Name:</b> BOULDER CITY PD																									
<b>Direction of Travel:</b> <input checked="" type="checkbox"/> 1) North <input type="checkbox"/> 2) East <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 4) South <input type="checkbox"/> 5) West		<b>Highway / Street Name:</b> US93 N			<b>Travel Lane #:</b> 2																								
<b>Vehicle</b> <input type="checkbox"/> 1) Straight <input type="checkbox"/> 2) Left Turn <input type="checkbox"/> 3) U-Turn <input type="checkbox"/> 4) Wrong Way <input type="checkbox"/> 5) Passing <input type="checkbox"/> 6) Leaving Parked <input type="checkbox"/> 7) Leaving Lane <input type="checkbox"/> 8) Enter Parked <input type="checkbox"/> 9) Lane Change <input type="checkbox"/> 10) Unknown <b>Action:</b> <input type="checkbox"/> 1) Backing <input type="checkbox"/> 2) Right Turn <input type="checkbox"/> 3) Stopped <input type="checkbox"/> 4) Stopped <input type="checkbox"/> 5) Stopped <input type="checkbox"/> 6) Stopped <input type="checkbox"/> 7) Stopped <input type="checkbox"/> 8) Stopped <input type="checkbox"/> 9) Stopped <input type="checkbox"/> 10) Stopped <input type="checkbox"/> 11) Stopped <input type="checkbox"/> 12) Stopped <input type="checkbox"/> 13) Stopped <input type="checkbox"/> 14) Stopped <input type="checkbox"/> 15) Stopped <input type="checkbox"/> 16) Stopped <input type="checkbox"/> 17) Stopped <input type="checkbox"/> 18) Stopped <input type="checkbox"/> 19) Stopped <input type="checkbox"/> 20) Stopped																													
<b>Driver:</b> <i>Left Lane First Lane, White Male, Some</i> UPCHURCH, CLAYTON R			<b>Transported By:</b> <input type="checkbox"/> 1) Not Transported <input checked="" type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other <b>BOULDER CITY RESCUE</b>																										
<b>Street Address:</b> 4514 WILLMARY DR			<b>Transported To:</b> SAINT ROSE SIENA HOSPITAL																										
<b>City:</b> KINGSPORT	<b>State / Country:</b> <input type="checkbox"/> NV <input type="checkbox"/> TN	<b>Zip Code:</b> 37684	<b>Person Type:</b> 1	<b>Seating Position:</b> 1	<b>Occupant Restriction:</b> 19																								
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female <input type="checkbox"/> 3) Unknown	<b>DOB:</b> 8 / 8 / 1944	<b>Phone Number:</b> 4235718127	<b>Injury Severity:</b> B	<b>Injury Location:</b> 2	3 8																								
<b>CLN:</b> 032119478	<b>State:</b> <input type="checkbox"/> NV <input type="checkbox"/> TN <b>Class:</b> <input type="checkbox"/> 1) SCL <input checked="" type="checkbox"/> 2) EL <b>License Status:</b> CM 0	<b>Airbags:</b> 1	<b>Airbag Switch:</b>	<b>Ejected:</b> 1	<b>Trapped:</b> 0																								
<b>Compliance:</b> <input checked="" type="checkbox"/> 1) Basic <input type="checkbox"/> 2) Enhanced		<b>Endorsements:</b> A		<b>Restrictions:</b> 1																									
<b>Alcohol/Drug Involvement:</b> <input checked="" type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspended Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drugs <input type="checkbox"/> 5) Unknown		<b>Method of Determination (check up to 2):</b> <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 2) Urine Test <input type="checkbox"/> 3) Preliminary Breath <input type="checkbox"/> 4) Blood Test <input type="checkbox"/> 5) Driver Admission <input type="checkbox"/> 6) Preliminary Breath Test		<b>Test Results:</b>																									
<b>Vehicle Year:</b> 2013			<b>Vehicle Make:</b> HARLEY DAVIDSON																										
<b>Vehicle Model:</b> HERITAGE SOFTAIL CL			<b>Vehicle Type:</b> MOTORCYCLE																										
<b>Plate / Permit No.:</b> 2012NR		<b>State:</b> <input type="checkbox"/> NV <input type="checkbox"/> FL	<b>Expiration Date:</b> 6 / 30 / 2015	<b>Vehicle Color:</b> BLK																									
<b>Vehicle Identification Number:</b> 1HD1BWV11DB053652																													
<b>Registered Owner Name:</b> <input type="checkbox"/> 1) Same As Driver <input type="checkbox"/> 2) BROMAC CORP DBA EAGLERID																													
<b>Registered Owner Address:</b> 11880 S LA CIENEGA BLVD, HAWTHORNE, CA 90250																													
<b>Insurance Company Name:</b> <input checked="" type="checkbox"/> 1) Insured PHILADELPHIA INDEMNITY INSURANCE COMPANY																													
<b>Policy Number:</b> PHPR2004288-09586		<b>Effective:</b> 2 / 1 / 2014	<b>To:</b> 2 / 1 / 2015																										
<b>Insurance Company Address or Phone Number:</b> 610-617-7800																													
<input checked="" type="checkbox"/> 1) Vehicle Towed		<b>Towed By:</b> BIG JOHN TOWING																											
<b>Removed To:</b> Tow Yard																													
<b>Traffic Control</b> F 1) Speed Zone _____ 11) Stop Sign _____ _____ 2) Signal Light _____ 12) Yield Sign _____ _____ 3) Flashing Light _____ 13) R.R. Sign _____ _____ 4) School Zone _____ 14) R.R. Crossing _____ _____ 5) Evl. Signal _____ 15) R.R. Signal (S) _____ _____ 6) No Passing _____ 16) Marked Lane _____ _____ 7) No Control _____ 17) Two Cycle/Driver Req. _____ F 8) Warning Sign _____ 18) Permissive Green _____ _____ 9) Turn Signal _____ 19) Unknown _____ _____ 10) Other _____		<b>Distance Traveled After Impact:</b> 265 FEET		<b>Speed Estimate</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>From</th> <th>To</th> <th>Limit</th> </tr> <tr> <td>45</td> <td>55</td> <td>45</td> </tr> </table>		From	To	Limit	45	55	45																		
From	To	Limit																											
45	55	45																											
		<b>Extent Of Damage</b> <input type="checkbox"/> 1) Minor <input type="checkbox"/> 4) Total <input type="checkbox"/> 2) Moderate <input type="checkbox"/> 5) None <input checked="" type="checkbox"/> 3) Major <input type="checkbox"/> 6) Unknown		<b>Damaged Areas</b> <input checked="" type="checkbox"/> 1) Front <input type="checkbox"/> 16) Right Side <input checked="" type="checkbox"/> 2) Right Side <input type="checkbox"/> 17) Left Side <input checked="" type="checkbox"/> 3) Left Side <input type="checkbox"/> 18) Right Front <input checked="" type="checkbox"/> 4) Rear <input type="checkbox"/> 19) Right Rear <input checked="" type="checkbox"/> 5) Right Front <input type="checkbox"/> 20) Left Front <input checked="" type="checkbox"/> 6) Left Front <input type="checkbox"/> 21) Under Carriage <input checked="" type="checkbox"/> 7) Top <input type="checkbox"/> 22) Left Rear <input checked="" type="checkbox"/> 8) Under Carriage <input type="checkbox"/> 23) Right Rear <input checked="" type="checkbox"/> 9) Left Front <input type="checkbox"/> 24) Unknown (S) <input type="checkbox"/> 10) Left Rear <input type="checkbox"/> 25) Other																									
<b>Sequence Of Events</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Code #</th> <th>Description</th> <th>Collision With Fixed Object</th> <th>Most Hazardous Event</th> </tr> </thead> <tbody> <tr> <td>1st 324</td> <td>CURB</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2nd 311</td> <td>LIGHT/LUMINARY SUPPORT</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>3rd</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4th</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5th</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>						Code #	Description	Collision With Fixed Object	Most Hazardous Event	1st 324	CURB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2nd 311	LIGHT/LUMINARY SUPPORT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3rd		<input type="checkbox"/>	<input type="checkbox"/>	4th		<input type="checkbox"/>	<input type="checkbox"/>	5th		<input type="checkbox"/>	<input type="checkbox"/>
Code #	Description	Collision With Fixed Object	Most Hazardous Event																										
1st 324	CURB	<input checked="" type="checkbox"/>	<input type="checkbox"/>																										
2nd 311	LIGHT/LUMINARY SUPPORT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
3rd		<input type="checkbox"/>	<input type="checkbox"/>																										
4th		<input type="checkbox"/>	<input type="checkbox"/>																										
5th		<input type="checkbox"/>	<input type="checkbox"/>																										
<input type="checkbox"/> 1) PAS <input type="checkbox"/> 2) EFR <input type="checkbox"/> 3) CC / MC <input type="checkbox"/> 4) Pending (1)		<b>Violation</b>		<b>NOC</b>																									
<input type="checkbox"/> 1) PAS <input type="checkbox"/> 2) EFR <input type="checkbox"/> 3) CC / MC (2)		<b>Violation</b>		<b>NOC</b>																									
<b>Investigator(s)</b> Nutzman		<b>ID Number</b> 278	<b>Date</b> 8 / 18 / 2014	<b>Reviewed By</b> Vinca Albawicz	<b>Date Reviewed</b> 8 / 25 / 2014																								
				<b>Page</b> 3	<b>of 5</b>																								

Vehicle Information



Event Number:		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET Revised 1/14/04		Accident Number: BCPD14BC1088	
				Agency Name: BOULDER CITY PD	
Name: (Last Name, First Name, Middle Name, Suffix)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			
Street Address:		Transported To:			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female <input type="checkbox"/> 3) Unknown	DOB: / /	Phone Number:	Injury Severity:	Injury Location:	
		Airbags:	Airbag Switch:	Ejected:	Trapped:
Name: (Last Name, First Name, Middle Name, Suffix)		Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			
Street Address:		Transported To:			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female <input type="checkbox"/> 3) Unknown	DOB: / /	Phone Number:	Injury Severity:	Injury Location:	
		Airbags:	Airbag Switch:	Ejected:	Trapped:
<input type="checkbox"/> 1) Trailing Unit 1 VIN:		Plate:			
<input type="checkbox"/> 1) Trailing Unit 2 VIN:		Plate:			
<input type="checkbox"/> 1) Trailing Unit 3 VIN:		Plate:			
Commercial Vehicle Configuration		<input type="checkbox"/> 1) Commercial Vehicle <input type="checkbox"/> 2) School Bus <input type="checkbox"/> 3) Bus, 9-15 Occupants <input type="checkbox"/> 4) Bus, > 15 Occupants <input type="checkbox"/> 5) Single 2 Axle and 9 Tires <input type="checkbox"/> 6) Single > 3 Axle <input type="checkbox"/> 7) Agv 4 Tire Vehicle <input type="checkbox"/> 8) Tanker Only <input type="checkbox"/> 9) Tractor / Trailer <input type="checkbox"/> 10) Tractor / Doubles <input type="checkbox"/> 11) Tractor / Triples <input type="checkbox"/> 12) Tractor with Trailer <input type="checkbox"/> 13) Tractor / Semi Trailer <input type="checkbox"/> 14) Passenger Vehicle, (Jeep/Minivan) <input type="checkbox"/> 15) Light Truck, (Box/Mini) <input type="checkbox"/> 16) Other Heavy Vehicle			
Carrier Name:		Source <input type="checkbox"/> 1) Driver <input type="checkbox"/> 2) Log Book <input type="checkbox"/> 3) Shipping Papers / Trip Handout <input type="checkbox"/> 4) State Rep. <input type="checkbox"/> 5) Side of Vehicle <input type="checkbox"/> 6) Other			
Carrier Street Address:		Power Unit GVWR <input type="checkbox"/> 1) ≤ 10,000 Lbs <input type="checkbox"/> 2) 10,000 - 20,000 Lbs <input type="checkbox"/> 3) ≥ 20,000 Lbs <input type="checkbox"/> 4) Heavy <input type="checkbox"/> 5) Released			
City:		State: <input type="checkbox"/> 1) NV Zip:			
Cargo Body Type		Hazard Classification #:		Type of Carrier	
<input type="checkbox"/> 1) Flat <input type="checkbox"/> 2) Tank <input type="checkbox"/> 3) Flatbed <input type="checkbox"/> 4) Dump <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Van / Box <input type="checkbox"/> 7) Concrete Mixer <input type="checkbox"/> 8) Auto Carrier <input type="checkbox"/> 9) Garbage/Refuse <input type="checkbox"/> 10) Not Applicable <input type="checkbox"/> 11) Grain, Gravel Chips <input type="checkbox"/> 12) Bus, 9-15 Occupants <input type="checkbox"/> 13) Bus, > 15 Occupants <input type="checkbox"/> 14) Other		Hazard Classification #:		<input type="checkbox"/> 1) Single State <input type="checkbox"/> 2) USDOT <input type="checkbox"/> 3) Canada <input type="checkbox"/> 4) Mexico <input type="checkbox"/> 5) None	
Hazard Classification #:		Hazard Classification #:		NAS Safety Report #: Carrier Number:	
				Page 4 of 5	

Vehicle Information

Event Number:		STATE OF NEVADA TRAFFIC ACCIDENT REPORT Occupant / Witness Supplement Revised 1/14/04		Accident Number: BCPD14BC1068	
		Agency Name: BOULDER CITY PD			
V#	Name: (Last Name, First Name, Middle Name Initial) HUGHES, KAYLANA L			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other	
Street Address: 220 NW LARRY ST			Transported To:		
City: PULLMAN	State / Country: <input type="checkbox"/> 1) NV WA	Zip Code: 89183	Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 2) Unknown <input type="checkbox"/> 3) Female	DOB: 12 / 20 / 1992	Phone Number: 5092881861	Injury Severity:	Injury Location:	
			Airbags:	Airbag Switch:	Ejected: Trapped:
V#	Name: (Last Name, First Name, Middle Name Initial)			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other	
Street Address:			Transported To:		
City:	State / Country: <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 2) Unknown <input type="checkbox"/> 3) Female	DOB: / /	Phone Number:	Injury Severity:	Injury Location:	
			Airbags:	Airbag Switch:	Ejected: Trapped:
V#	Name: (Last Name, First Name, Middle Name Initial)			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other	
Street Address:			Transported To:		
City:	State / Country: <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 2) Unknown <input type="checkbox"/> 3) Female	DOB: / /	Phone Number:	Injury Severity:	Injury Location:	
			Airbags:	Airbag Switch:	Ejected: Trapped:
V#	Name: (Last Name, First Name, Middle Name Initial)			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other	
Street Address:			Transported To:		
City:	State / Country: <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 2) Unknown <input type="checkbox"/> 3) Female	DOB: / /	Phone Number:	Injury Severity:	Injury Location:	
			Airbags:	Airbag Switch:	Ejected: Trapped:
Investigator(s) Nutzmen		ID Number 278	Date 8 / 18 / 2014	Reviewed By Vince Albawicz	Date Reviewed 8 / 25 / 2014
					Page of 5

Occupant / Witness Supplement



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH - VITAL STATISTICS

#### CERTIFICATE OF DEATH

2014016166

STATE FILE NUMBER

1a. DECEASED NAME (First, Middle, Last, Suffix) <b>Clayton Randolph UPCHURCH JR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 22, 2014</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION Name (If not either, give street and number) <b>Desert Springs Hospital</b>		3e. If Hosp. or Inst. indicate DOA, OP, Emerg. Rm. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE White (Specify) <b>White</b>			
6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) <b>70</b>		7b. UNDER 1 YEAR MOS:    DAYS:    HOURS:    MINS:	
8. DATE OF BIRTH (Mo/Day/Yr) <b>June 06, 1944</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Pennsylvania</b>			
9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
12. SURVIVING SPOUSE (If wife, give maiden name) <b>Juanita STORIE</b>		13. SOCIAL SECURITY NUMBER <b>412-78-8158</b>			
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Engineer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Engineering</b>		15. Ever in US Armed Forces? No	
15a. RESIDENCE - STATE <b>Tennessee</b>		15b. COUNTY <b>Sullivan</b>		15c. CITY, TOWN OR LOCATION <b>Kingsport</b>	
15d. STREET AND NUMBER <b>4514 Willmary Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT NAME (First Middle Last Suffix) <b>Clayton R UPCHURCH SR</b>			17. MOTHER/PARENT NAME (First Middle Last Suffix) <b>Elma KREIDER</b>		
18a. INFORMANT NAME (Type or Print) <b>Juanita UPCHURCH</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>4514 Willmary Drive Kingsport, Tennessee 37664</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY NAME <b>Palm Crematory</b>		19c. LOCATION: City or Town State <b>Las Vegas Nevada 89101</b>	
20a. FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Such) <b>BART BURTON</b>		20b. FUNERAL DIRECTOR LICENSE <b>50</b>		20c. NAME AND ADDRESS OF FACILITY <b>Palm Mortuary-Downtown 1325 North Main Street Las Vegas NV 89101</b>	
20d. SIGNATURE AUTHENTICATED					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>TIMOTHY DUTRA M.D.</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>October 06, 2014</b>		21c. HOUR OF DEATH <b>13:03</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Timothy Dutra M.D.</b>	
22a. DATE SIGNED (Mo/Day/Yr) <b>October 06, 2014</b>		22b. HOUR OF DEATH <b>13:03</b>		22c. PRONOUNCED DEAD AT (Hour) <b>13:03</b>	
22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>August 22, 2014</b>		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) <b>Timothy Dutra M.D. 1704 Pinto Lane Las Vegas, NV 89106</b>			
23b. LICENSE NUMBER <b>13502</b>		24a. REGISTRAR (Signature) <b>MARY WILSON</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 07, 2014</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) <b>Metastatic adenoid cystic carcinoma</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Metastatic adenoid cystic carcinoma</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Metastatic adenoid cystic carcinoma</b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Metastatic adenoid cystic carcinoma</b>					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Atherosclerotic cardiovascular disease and blunt force chest trauma due to motor vehicle collision</b>					
26a. ACCIDENT, SUICIDE, HOMICIDE, OR PENDING INVESTIGATION (Specify) <b>ACCIDENT</b>		26b. DATE OF INJURY (Mo/Day/Yr) <b>August 18, 2014</b>		26c. HOUR OF INJURY <b>21:07</b>	
26d. DESCRIBE HOW INJURY OCCURRED <b>Driver of motorcycle ejected during single vehicle collision</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>			
28a. INJURY AT WORK (Specify Yes or No) <b>No</b>		28b. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify) <b>Road</b>		28c. LOCATION: STREET OR R.F.D. No CITY OR TOWN STATE <b>Buchanan Way and Veteran's Memorial Boulder City Nevada</b>	

STATE REGISTRAR

VRS-Rev-20120523a

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **OCT 10 2014**

Registrar of Vital Statistics

By: *[Signature]*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.  
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573





Clark County Office of Coroner/Medical Examiner

1704 Pinto Lane  
Las Vegas, NV 89106  
(702) 455-3210

10/7/2014

Angela Smith  
3209 Mayfield Drive  
Johnson City, TN 37604

Dear Angela Smith,

On behalf of the Clark County Office of the Coroner/Medical Examiner, we would like to extend our sincere sympathy to you regarding the loss of your loved one. This letter will serve as notification that the cause and manner of death has been determined as listed below:

Name: Clayton Randolph Upchurch, Jr.  
Date of Death: 8/22/2014  
Case #: 14-07876  
Immediate Cause: Metastatic Adenoid Cystic Carcinoma  
Due to:  
Other Significant Condition: Atherosclerotic Cardiovascular Disease and Blunt Force Chest Trauma due to Motor Vehicle Collision  
Manner of Death: Accident

As part of this process, further studies must often be conducted before certifying a death. Please contact the local funeral establishment you've been working with to assist you in obtaining a certified Death Certificate(s) as this letter does not serve as such.

If we can be of further assistance to you, please do not hesitate to contact our office.

Respectfully,

The Clark County Office of the Coroner/Medical Examiner

**R. WAYNE CULBERTSON, PC**

R. Wayne Culbertson  
Attorney at Law  
[rtc@wayneculbertsonlaw.com](mailto:rtc@wayneculbertsonlaw.com)

119 W. Market Street  
Kingsport, Tennessee 37660  
Telephone: (423) 247-6161  
Facsimile: (423) 247-5072

Associate:  
Joseph W. McMurray  
Attorney at Law  
[mcmurraylaw@gmail.com](mailto:mcmurraylaw@gmail.com)

[cmb@wayneculbertsonlaw.com](mailto:cmb@wayneculbertsonlaw.com)

July 8, 2019  
*Via Certified Mail*  
*Return Receipt Requested*

AGIA, INC.  
National Rifle Association & Life Insurance  
Company of North America  
PO Box 9842  
Phoenix, AZ 85068-9842

Re: Ricky Upchurch as Executor of the Estate of Juanita Upchurch for the use and benefit of the next of kin of Clayton Upchurch v. National Rifle Association and Life Insurance of North America; In the Chancery Court for Sullivan County at Blountville, Tennessee; C.A. No. 19-CV- 18591

Dear Sir or Madam:

I am enclosing herewith Summons and Complaint regarding the above referenced matter. Please forward same to your legal team for response.

Sincerely,  
R. WAYNE CULBERTSON, PC

*Joseph W. McMurray 143*

Joseph W. McMurray

JWM/cb  
Enclosure

R. WAYNE CULBERTSON, PC  
Joseph W. McMurray  
Attorneys at Law  
119 W. Market Street  
Kingsport, TN 37660

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**CERTIFIED MAIL®**



7018 2290 0000 6503 2193

FIRST-CLASS



PITNEY BOWES  
US POSTAGE  
02 1P \$ 007.10<sup>0</sup>  
0002602223 JUL 08 2019  
MAILED FROM ZIP CODE 37660

AGIA, INC.  
National Rifle Association & Life Insurance  
Company of North America  
PO Box 9842  
Phoenix, AZ 85068-9842

02